University of Alberta

Patterns of Personality and Offense Characteristics of Teenage Sex Offenders.

By

Linda Patricia Tilley

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in

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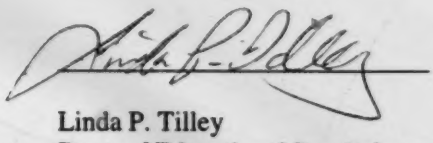

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Abstract

Despite an increasing amount of research, the aetiology of sexual offending behaviour is still poorly understood. Many studies published regarding adolescent sexual offending has been based on small, poorly defined samples with large within-group heterogeneity. Often, inappropriate measures are used and investigators have jumped too readily from correlation to causation. Research regarding personality development has mostly involved comparing adolescent sex offenders with other juvenile delinquents. In this project, I attempted to resolve some of these issues by relating different aspects of sexual offending behaviour to "personality" profiles on the Jesness Inventory. The overall profile suggested slight elevations on some scales. Breaking the group down by offense characteristics generally did not reveal any profile differences. However, some apparent differences in the profiles of those whose primary offense was bestiality, who caused injuries in their offenses or who assaulted their mothers was suggestive; further research in these areas is necessary.

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Chapter 1: Background - The Search for Homogeneity

When the topic of sexual abuse arises in everyday conversation, it is usually discussed in shocked, angry, unforgiving and repulsed tones. The problem of sexual offending is very little understood, even by those who work closely with sexual offenders and their victims, and many myths surround the popular view of the sexual offender. During the last three decades, there has been an increased amount of research into the problem. During the last decade in particular, it has become increasingly evident that a large proportion of the sexual offending behaviour is perpetrated by adolescents. What was once dismissed as exploratory, "boys will be boys" behaviour is now recognized as dangerous and damaging, both to the victim and to society as a whole.

It has been the difficult for many to accept the shocking evidence of the extent of abuse perpetrated by teenagers. Many wish to believe that these adolescents are mentally deranged, psychotic, or simply sick. However, it is becoming clear that teenagers, especially boys, are responsible for a great deal of the sexual offending in our society. (Although it is becoming apparent that girls and women also are perpetrating a great deal of sexual abuse, for the sake of simplicity, this paper will deal only with male offenders.) It is now clear that the kinds of boys who sexually offend come from many different home environments, all socio-economic levels, and all races. Most people wish to lump all sexual offenders together into one group and, because of their repulsion about sexual

offending, are unable to examine more closely the differences in offending behaviour. However, it makes sense that a boy who molests a young child might be, in significant ways, different from a boy who "takes advantage of" his age appropriate female date, and those two different from a boy who violently rapes an 80 year old woman. Thus, it seems logical to look at these adolescents as being different in their psychological make-up, their personality, and their reasons for offending. Especially if we are to discover more effective ways of dealing with these boys, it is important that we stop grouping them into one heterogeneous group of social outcasts and examine the personality characteristics of more homogeneous groups which are divided along useful dimensions for assessment and treatment purposes.

Definitions

Who are adolescent sexual offenders and what constitutes a sexual offense? The definitions are varied, depending on who is providing them. Adolescence may be defined as an age range that begins at "puberty" and ends at "adulthood." However, although these age limits make sense developmentally, they do not fit exact age ranges. Age limits of 12 or 13 years to 16-19 years are commonly accepted as defining adolescence. For the current study, adolescents are those between the ages of 12 and 18 years old at the time of their offenses. As well, although awareness of sexual offending by females is increasing, the current study will examine only male adolescent sex offenders. There are several reasons

for this. First, the number of female adolescent offenders referred for assessment or treatment during the time of the study was relatively low. More importantly, the dynamics and aetiology of sexual offending by females may differ and thus increase the heterogeneity of the group.

The nature of "sexual offense" is harder to define. Gail Ryan suggested that "any sexual interaction with person(s) of any age that is perpetrated (1) against the victim's will, (2) without consent, or (3) in an aggressive, exploitative, manipulative or threatening manner" constitutes a sexual offense (Ryan, 1997, p. 3). Alzajireh (1993) took this definition a step further by including the concept of a transgression against the values and norms of society. While these definitions appear to adequately describe the general type of behaviour, they do not take into account the motivation or situational factors that affect sexual offending, nor do they address the development of deviant sexuality. Breer (1987) described sexual offending in a manner similar to Ryan and Alzajireh, but he also attempted to address the psychodynamics that delineate normal and offending behaviour. He stated that, "The offender thus uses his greater power to exploit his victims. A part of the sexual gratification obtained by the perpetrator arises from controlling, dominating and/or humiliating the sexual partner" (Breer, 1987, p. 5).

Breer went on to point out the difficulty in distinguishing between experimentation and offending behaviour in young people. He noted that while understanding the difference between exploration and exploitation is important to our understanding, it may be better to err on the side of caution and assume that

the behaviour is abusive, thus allowing an opportunity for the adolescent to gain assistance and insight. Both Breer and Cantwell (1988) suggested that experimental behaviour is likely to involve only superficial touching, looking, or exposing in younger males whose "victims" are less than two years younger. If any sort of penetration or repetition of the behaviour occurs, or if force is involved, then the behaviour must be assumed to be abusive. Even with these guidelines, it becomes clear that each case must be examined individually to decide whether the offense is abusive or not. For the purposes of this study, an act has been considered an offense if it was so defined by Alberta Justice or Alberta Family and Social Services officials. Although the definitions described above were not used by justice or child welfare officials, all of the boys in the sample clearly fit under those guidelines.

Many who work with adolescent sex offenders divide them into "child molesters" or "rapists." This dichotomy does not work well with adolescents for several reasons. First of all, these boys (approximately aged 11 to 19) are usually just beginning to sexually offend, and there is no theoretical reason to assume that they will have a clearly determined preference for children or adults. In the early stages of exploring their sexuality, they may take whatever opportunity comes along. It may well be that their first sexual experiences define their preference, rather than the other way around. Furthermore, the child molester-rapist dichotomy does not consider the role of violence in the offense behaviour. Secondly, separating child molesters from rapists in adolescents is a very murky

task. When the offense is clearly against an older (adult) or younger (under age 10) person, the distinction is more easily made. However, if the victim is between the ages of 10 and 16, the distinction becomes problematic. Many 11 year old girls are well developed while some 15 year old girls are still very much physically and emotionally children. If a 16 year old boy offends against a physically mature 11 year old girl, he would be considered a child molester. Clearly, the definition of a child molester or rapist, when applied to adolescents, is not exact.

The third reason why a child molester/rapist dichotomy is undesirable is the large number of offenders who are left out of this dichotomy. Exactly where does one place the frotteur[1], voyeur, exhibitionist, cross dresser or obscene phone caller? How does one handle the boys who are involved in sexual activity with family pets? Furthermore, in which group do we place boys who have offended against children, same aged peers, family pets and their siblings? It seems that most adolescent boys, given an opportunity to peek at nude or semi-nude adolescent girls or adult women, will eagerly do so. Are these offenders? Clearly, there needs to be a better way to examine the information we have.

Another difficulty arises in definitions of incest. The main problem in delineating incest is how to define abuse of persons residing in the same home who are not biological relatives of the offender. If an adolescent offends against a step-brother or foster sister, are these acts incestuous? Is a boy who abuses his

biological sister qualitatively or psychologically any different than one who abuses an adoptive sister? Some researchers, such as Kaplan, Becker & Cunningham-Rathner (1988) included sexual acts towards persons "living in a family environment and recognized as family members (e.g., step-brothers)" in their definition of incest. However, factors such as the length of residence in a home should be considered. For example, a step-brother may be considered part of the family after only two weeks, while a foster child could reside in a home for several years and still not be considered part of the family. Like many of the issues in adolescent sexual offending, the definition of incest is still not clearly delineated.

In an attempt to deal with the issue of definition, many researchers have used criminal charges or convictions as a basis for deciding whether an adolescent is a sexual offender or for breaking the group into subgroups. There are several problems with using criminal charge as a defining variable. Most obviously, many offenses are never reported. If reported, convictions may never be achieved. The names of charges and the acts they represent vary between jurisdictions, making replication difficult. Furthermore, the way in which offenders are charged and the frequency with which plea bargaining is used to reduce charges distorts the relationship between the charge and offending behaviour. Clearly, using criminal charge as a basis for defining the behaviour is not appropriate.

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[1] Frotteurs derive sexual pleasure from rubbing their genitals against strangers in public gatherings.

Past Research

In my work of counselling adolescent sexual offenders, I have been impressed with the variety of boys who commit sexual offenses. Contrary to the stereotypes commonly accepted in society, many of the offenders were typical, generally well behaved boys (with the exception of their sexual offense). Although there is the subgroup of boys for whom sexual offending is part of a criminal lifestyle, many adolescent sex offenders have no other criminal background. In fact, some of them would be considered model children: attractive, intelligent, athletic, helpful and socially mature. Some of the boys were "good" boys who appeared average in every way. Some were clearly below average intellectually or socially; others were intellectually, athletically or artistically gifted. Some boys demonstrated the aggressive and challenging attitudes of delinquent kids, others were very passive and afraid to stand up for themselves. Intuition suggests that these boys would commit different types of offenses, and it is part of our human nature to try to put these boys into categories. Doing so is an extremely difficult task. If there are indeed different typologies, then finding those categories would have important implications for both clinical assessment and therapy.

In terms of research, only recently has much been done to define who these boys are. Many of the studies have been focused on examining family characteristics, cognitive functioning, personality, and history of abuse. Most of the investigators have compared sexual offenders with non-sexual offenders

(property offenders, violent offenders and non-delinquents). While this appears, at the outset, to be a reasonable approach, it is clear that there are many different types within the group that we call "sexual offenders." Thus, within group heterogeneity would cancel any between group variance that might be found. Since committing a sexual offense is the only common characteristic that can be clearly defined at this time, it seems that attempting to compare sexual offenders with non-sexual offenders is a fruitless endeavour. In fact, research has revealed few differences in the areas tested.

Given the lack of differences between the groups, some researchers have begun to look for differences within the group of sexual offenders. This appears to me to be a more realistic approach. However, in the studies that have used this approach, the researchers have generally divided their groups into rapists and child molesters. This is largely a downward extension of typologies developed for adult offenders, which clearly separate child molesters from rapists. Because of the reasons described above, this appears to be a non-productive approach.

There are other ways to go about dividing the heterogeneous group of adolescent sexual offenders into discrete, homogeneous groups. One of these is to use characteristics such as personality test data to statistically derive subgroups. At least one study has been done using this technique. Smith, Monastersky and Deisher (1987) used the MMPI to divide their group of adolescent sexual offenders and they came up with four distinct personality types. They then

compared these four groups in terms of offense type. However, they found no differences between groups in type of offense committed.

Another approach is to divide the group by offense type and then compare the sub-groups' personality profiles. This has been the approach used by several groups (Deisher, Wenet, Paperny, Clark, & Fehrenbach, 1982; Herkov, Gynther, Thomas, & Myers, 1996; and Oliver, Hall, & Neuhaus, 1993). Unfortunately, Oliver et al. used criminal charge as a basis for breaking down their group; criminal charges do not always reflect the nature of the act. The study by Deisher et al. did not clearly define the instruments used, while Herkov et al. used the MMPI, which may not be an appropriate test to use with adolescent sex offenders.

One problem with much of the research currently published is the use of inappropriate tests. While the MMPI and MMPI-2 may be used with adolescents, it is primarily designed for use with adults and contains many convoluted questions about experiences that may not be appropriate for adolescents. One study used the Jesness Inventory, which was designed for use with delinquent adolescents (Oliver et al., 1993). However, as stated above, the researchers divided their groups based on criminal charge. Since the Jesness Inventory was designed for use with adolescents, it may be a more appropriate instrument to use. It thus remains to use a methodology that would contain fewer a priori assumptions about the offense behaviour.

The Jesness Inventory (Jesness, 1996) is composed of 155 statements, to which the client has to indicate "True" if they agree with the statement, or "False"

if they disagree. (Appendix 1 contains a brief description of the scales and some sample items in each scale.) The statements cover a wide range of topics, including attitudes towards authority, self, family, and society. The statements are generally straightforward and easily understood by children as young as 8 years of age. The test provides scores on 11 personality dimensions (see Appendix A for brief scale descriptions and some sample items). The derived Jesness scale scores are T-scores, which have a mean of 50 and a standard deviation of 10. A score of 65 would be considered problematic while a score of 70 or above (98^{th} percentile) would indicate a clinically elevated score.

Three of the 11 scales were composed using an item analysis with a criterion group; seven were derived statistically as the result of a cluster analysis. The final scale contains items based on a regression equation and is intended to measure "attitude syndromes" and personality traits considered predictive of delinquent behaviour. There is a relatively high intercorrelation between the various scales. However, this is due, at least in part, to the fact that some items load on more than one scale. Reliability was in the moderate range. Split-half reliability ranged from .45 to .79 (Chronbach's formula yielded .62 to .88) for both delinquents and non-delinquents. Test-Retest reliability (retest after 8 months) ranged from .35 to .79 (.40 to .79 corrected) for delinquents and from .46 to .72 for non-delinquents. The Asocial Index demonstrated poor test-retest correlations (as low as .31 in some studies), which the author indicated may be partly due to the fact that the test was designed to be sensitive to change.

One criticism offered of the Jesness Inventory is the lack of items relating to sexuality (Mooney, 1991). This is a particular concern when this scale is used with adolescent sex offenders. As well, the test has not been re-normed since the 1960's. However, it is commonly used with delinquent adolescent populations to make placement and treatment decisions.

The Current Study

In the current study, I use the specifics of the offense behaviour to break down the sample into groups. Although using these measures has its own set of pitfalls, they appear to be less dangerous than the assumptions contained in the child molester/rapist dichotomy. The groups are compared along two dimensions. The first of these is defined by "victim characteristics," including the relationship between the victim and the perpetrator, age of the victim, sex of the victim and difference in age between the victim and perpetrator. The second dimension is defined by offense characteristics: the number of offending events, the length of time over which the events occurred, type of offending behaviour, type of coercion used and the type and extent of injuries sustained by the victim.

The sample examined includes 138 boys (ages 12 to 18) referred to a community clinic for assessment. An assessment battery, which included the Jesness Inventory and several other measures, was administered to all of the subjects. The ultimate goal of such research is to provide information for assessment and therapy. However, the study is considered exploratory in that no

previous studies have been published using this methodology with the Jesness Inventory. Use of collateral sources may limit the findings, since previous behaviours may not have been reported. The main purpose of the study is to examine within group differences among JI profiles of adolescent male sex offenders; however, the lack of a control group weakens the conclusions and must be considered when the results of the study are examined.

The remainder of this work presents the study described above. In Chapter 1, I outlined the problem, provided necessary definitions and presented a brief review of some relevant literature. In Chapter 2, I present the study organized in the format recommended by the American Psychological Association. This paper is focused on offense characteristics and measurement of the personality of adolescent sexual offenders, particularly using the Jesness Inventory. However, a great deal of background information must be considered and understood in order to place the findings in the larger context of adolescent sexual offending as a whole. Therefore, in Chapter 3 I present an annotated bibliography which includes much of the published literature regarding adolescent sex offenders, along with some related issues as addressed in adult sex offenders. In Chapter 4, I review the findings of the study and place them in the context of current research. Also described in Chapter 4 are the implications for assessment and therapy with adolescent sexual offenders.

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Chapter 2: Offense Characteristics and Jesness Inventory Profiles of Adolescent Sex Offenders [2]

Abstract

Previous research regarding personality test profiles with adolescent sexual offenders has generally been aimed at examining possible differences between adolescent sex offenders, non-offenders and other (non-sexual) delinquents. Studies aimed at exploring within group differences have been less common. In the current study, within group differences are examined by breaking down a group of adolescent male sex offenders along victim and offense characteristics. The Jesness Inventory profiles of these resulting groups are compared. The sample was 138 adolescent sex offenders referred to an outpatient clinic for assessment.[3] Results revealed slight elevations in mean scale scores, with a slightly lower Denial score than achieved by the norm group. However, there were few differences in Jesness Inventory profiles when comparing subgroups defined by victim and offense characteristics. Some suggestive findings regarding youth who sexually assault their mothers, those who engage primarily in bestiality, and those who cause injuries to their victims are explored.

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[2] A version of this paper is being submitted for publication in Criminal Justice and Behavior.

[3] Appreciation is extended to Reuben Lang and George Pugh for permission to use results of assessments conducted by them at their outpatient clinic.

Offense Characteristics and Jesness Inventory Profiles of Male Adolescent Sex Offenders

It is becoming widely accepted that sexual offending in adolescence is a significant problem for society. Until recently, the problem of adolescent sexual offending had been viewed as insignificant (e.g., MacClay, 1960). However, research findings are revealing that the problem is much larger than has previously been thought. Awad and Saunders (1989) reported that of their 29 adolescent child molesters, over 40% committed multiple offenses, accounting for more than 37 victims. Kahn and Chambers (1991) reported that 25% of their court referred sample acknowledged committing sexual offenses other than those they were charged with; 221 offenders were charged with offending against 292 victims. Abel, Osborn, and Twigg (1993) found that in their group of outpatient offenders, those who committed non-contact offenses (voyeurism, frotteurism, obscene phone calls, and exhibitionism) offended against the highest number of victims (averaging 75.94, 30.86, 100 and 6.5 victims respectively). Among the pedophiles, the rates ranged from 4.63 victims (homosexual pedophiles) to between one and two victims (heterosexual pedophiles and incest pedophiles). The rapists accounted for an average of 1.29 victims. Emerick and Dutton (1993), using polygraphy to examine the extent of denial and minimization in adolescent sex offenders, found that the 76 offenders examined (71% of whom were rated high risk) were responsible for over 6600 assaults on 229 victims (as opposed to

the 100 assaults reported by collateral sources). Clearly, the actual rate of abuse committed by adolescents is under-reported; adolescent sex offenders are responsible for a large number of sexual offenses.

Numerous attempts have been made to describe a profile of the "typical offender" or to use personality tests to differentiate among offenders. Many researchers have compared adolescent sexual offenders to other types of adolescent offenders (usually violent offenders, property offenders, and non-offenders). For example, Truscott (1993) found no differences in MMPI profiles between hospitalized sex offenders, violent offenders, and non-violent offenders. Herkov, Gynther, Thomas, and Myers (1996) also studied adolescents residing in a psychiatric unit. They found, contrary to Truscott's results, that adolescent sex offenders achieved higher scores on scales associated with significant psychopathology than did an inpatient control group. Boys in the Rapist and Sodomy groups displayed more psychopathology than those in the Child Abuse group. Unfortunately, neither group of researchers addressed the difficulty of using the MMPI with a group of adolescent boys. It is quite possible that the offenders assessed did not have the prerequisite reading level; many of the MMPI items are convoluted, double negative type items that may be difficult for teenagers to understand.

Hughes, Deville, Chalhoub, and Romboletti (1992) found that adolescent sex offenders under evaluation in a psychiatric hospital displayed more human anatomy responses on the Rorschach. This finding was interpreted as revealing an

underdeveloped internal world of relationships that interferes with their ability to relate to others as real people. Consequently, they may use others as a vehicle to meet their own needs, and they may be more borderline and narcissistic as compared to other youth. Unfortunately, Hughes and his associates did not provide a breakdown of the number and type of offenders studied or their basis for placing offenders in different groups. McCraw and Pegg-McNab (1989) suggested, on the basis of their results with a similar group, that adolescent sex offenders experience hypochondriacal preoccupations, self-absorption, repressed hostility and concern with inner destructive tendencies more than other delinquents do. McCraw concluded that sex offenders are "more similar to than different from" other groups of delinquents.

Oliver, Hall, and Neuhaus (1993) used the Jesness Inventory (JI) to examine possible differences between adolescent sex offenders and other offenders. They found that adolescent sex offenders tended to score lower on the SM scale than did violent and non-violent offenders, but there was no apparent difference between the SM scores for the Rapist and Gross Sexual Imposition groups. However, as a result of differences in charging practices, different charge names for behaviours in different jurisdictions, and plea bargaining as a method of reducing charges, the use of criminal charge as a grouping variable blurs the distinction among groups. Oliver and her associates also indicated that the mean scale scores on the JI were not elevated. They suggest that in general, sexual offenders appear to show better overall adjustment than do other delinquents.

Blaske, Borduin, Hengeller, and Mann (1989) compared adolescent sex offenders with violent non-sex offenders, non-violent offenders and non-offenders. They found higher rates of "ruminative-paranoid" symptoms (ruminative thought patterns, discomfort and uneasiness about interpersonal relating, tendency to blame others for personal failures) in the sexual offender than the assaultive offender group. The sex offender group also reported more anxiety than all other groups. Adolescent sex offenders were described by their mothers as having fewer attention problems than the other delinquent boys have. Kempton and Forehand (1992) used the Teacher Report Form of the Child Behavior Checklist to test these findings on a small group of incarcerated offenders. They found that sex offenders were rated as having fewer externalizing problems than other offenders do, while those who had committed only sex offenses were perceived as having fewer internalizing problems than other types of offenders. This was contrary to the findings of Blaske and associates of more anxiety in the sex offender group.

Gomes-Schwartz (1984, cited in Davis & Leitenberg, 1987) reported that 80% of the adolescent sex offenders in her group performed at a lower than average level on a measure of Ego Development. She interpreted this finding as suggesting that adolescents who have committed sexual offenses have only a basic understanding of right and wrong, which is usually associated with personal concern and gratification of their own needs. Consequently, they have trouble conforming to society's expectations.

A few studies have examined within group differences among sex offenders. Deisher and his colleagues (1982) reported that the adolescents who offended against children have a history of poor peer relationships and social isolation, which is exacerbated by scapegoating within their families. They report that assaultive offenders tend to be manipulative, and will, on the surface, appear relatively normal. They may appear well adjusted, but they do not empathize easily with others, particularly the victim. Those who commit non-contact sexual offenses, such as peeping, exposing, and stealing women's underwear, are described as having significant difficulty dealing with feelings of anger, developing dating relationships, and experiencing significant feelings of inadequacy. Unfortunately, the authors did not report which instruments were used during the assessment, nor did they indicate whether any tests for inter-interviewer reliability were conducted, which makes their conclusions weaker.

Smith, Monastersky, and Deisher (1987) found four groups of distinct personality types in adolescent sex offenders based on MMPI response profiles. The first group was found to be characterized as shy, morally righteous and overcontrolled; a boy in this group would be described as a worrier and loner. Group two was considered the most disturbed group: demanding and narcissistic, argumentative, insecure, and over-dependent on fantasy to deal with problems. This group used somatic complaints to gain attention. The third group appeared relatively normal, open, and realistic in describing themselves. However, they were likely to be emotionally overcontrolled and given to emotional outbursts that

could be violent. The fourth group defined was likely to be impulsive, distrustful and alienated and to have poor self-control and judgement. They were described as "schizoid and undersocialized. Vulnerable to threats, boys in this fourth group might strike out. However, breaking the boys into these four groups did not allow for any significant differentiation among the sexual offenders. As well, the use of two point MMPI codes was useful in only one area: Abnormal F and "78" code types appeared more frequently in adolescents who committed more serious offenses (rape and excessive force). Deisher and his associates concluded that adolescent sex offenders tend to display profiles similar to those of other juvenile delinquents. However, the criticisms of the use of the MMPI (as stated above) apply.

Others have described a profile based on their experience with such offenders. Maclay (1960) described boys who commit minor sexual offenses as having "poor emotional adjustment (insecure personality)" (p. 190). Groth (1977) reported that adolescent rapists "tended to be 'loners' who had little skill in establishing close or meaningful relationships" (p. 253). He also reported that they tend to be underachievers with a poor sense of identity. They are impulsive and have low frustration tolerance; tending to find the stresses of life overwhelming, they act out. The aggressive child molester is similar, but those offenders who used psychological or social coercion tended to be more passive, immature and dependent. They were more comfortable with children than with their peers.

Most descriptions of adolescent sex offenders include the stereotypical characteristics of passivity, social inadequacy and isolation. However, with the exception of the study conducted by Smith et al. (1987), there appears to have been few attempts to classify the personality of adolescent sexual offenders in a manner that decreases the homogeneity of the group beyond the basic distinction between child molester and rapist. Unfortunately, Smith et al.'s results were not particularly useful in differentiating offense behaviour. With adolescents, the distinction between child molester and rapist can be difficult to assess. Thus, comparing the profiles of adolescent sex offenders using offense characteristics (as Smith et al. did) to break down the group might be a more fruitful way of approaching the task. The present study uses offense and victim characteristics as dimensions along which to break down the overall sample into groups and then compares the Jesness Inventory (JI) profiles of these groups.

The Jesness Inventory (Jesness, 1996) is composed of 155 True/False statements covering a variety of areas and attitudes. Topics covered include attitudes towards family, society, authority and self. Unfortunately, as Mooney (1991) pointed out, there are no questions relating to sexuality, which may be particularly relevant to the assessment of sexual offenders. The test items are designed to be easily understood by children as young as 8 years of age with a required reading comprehension level of about Grade 3. Although the JI has not been re-normed since the 1960s, it is commonly used with delinquent adolescent populations to make placement and treatment decision.

Method

Participants

The subjects were 138 adolescent males referred to a private clinic in Edmonton, Alberta for a psychological assessment between the years 1986 and 1996. The boys were primarily referred by Alberta Family and Social Services and Alberta Justice; a small minority were referred by defence lawyers. All of the adolescents were accused of committing a sexual offense and the psychological assessments were for the purposes of disposition and treatment planning. All boys who were administered the Jesness Inventory were included in the sample.

The subjects were between the ages of 12 and 18 years old (mean = 14 years, 10 months). They were primarily Caucasian (74%) with the second largest group comprised of Native youth (14%). The assessments occurred, on average, seven months after the offending behaviour had ceased. The subjects had committed a variety of sexually inappropriate acts, ranging from voyeurism and exposure through more serious acts including penetration and violent sexual assaults.

Procedure

The information for the study was gathered through a review of assessment files. All file reviews were completed by one person. Information

regarding the offenses was derived from descriptions contained in supporting documentation supplied by the referral source. If there was any inconsistency or confusion about a particular variable, it was coded as missing. Many of the boys had committed various different acts, usually escalating in seriousness as their offending behaviour progressed. For the purpose of this study, the most serious act committed was coded. If the adolescent had offended against more than one victim, the average age of the victims was used.

Results

Offense Behaviours

The distribution of the various offending behaviours committed by the boys (broken down by the current offense for which they were referred and previous offending behaviour known to official sources) is shown in Table 1. In general, 21 boys (15.2%) committed offenses in which no physical contact was made with the victim. Thirty-seven boys (26.8%) committed "minor contact" offenses, which involved touching the victim's genitalia manually or rubbing the penis against the victim's body. The largest offense group (31.9% or 44 offenders) was composed of those who attempted or achieved penetration. Oral-genital contact was also a frequent behaviour (23 boys or 16.7%).

Fifty-four subjects (39.1%) had a record of prior sexual offending. Of these, 10 (18.5%) had committed non-contact offenses, 27 (50%) had engaged in minor touching, one (1.8%) had received oral stimulation from the victim, 12

Table 1

Type of Offending Behaviour in Referral Offense and Prior Offenses

Offense Type	Current Frequency	Current Percent	Past Frequency	Past Percent
Steal Underwear	2	1.4	4	7.4
Obscene Phone Calls	6	4.3	4	7.4
Exposure	13	9.4	2	3.7
Touch Over Clothing	15	10.9	9	16.7
Touch Genitalia Under Clothing	4	2.9	11	20.4
Rub Penis Against Victim's Body	18	13.0	7	12.9
Oral/Genital Contact	23	16.7	1	1.8
Insert Fingers/Object Into Victim's Body	7	5.1	1	1.8
Attempt Intercourse	14	10.1	3	5.6
Vaginal Intercourse	11	8.0	1	1.8
Anal Intercourse	12	8.7	7	12.9
Make Victims Interact Sexually	2	2.2	2	3.7
Bestiality	5	3.6	1	1.8
Other	1	0.7	1	1.8

(22.2%) penetrated the victim, two (3.7%) had two or more victims perform sexual acts on each other, and 1 (1.8%) had engaged in sexual contact with an animal.

In comparing the progression of behaviours, it is clear that the rate of non-contact offending decreased slightly and minor contact offending was almost halved. However, the rate of attempted or achieved penetration jumped from approximately 2% to almost 20% and the rate of oral-genital contact increased by about 10%. Although the offense history data were based on only one-third of the sample, the results provide good support for the belief that there is an escalation in offending behaviour as time passes.

Forty-seven percent of the sample used verbal persuasion to coerce their victims into cooperation (47%). Such methods included bribery, rationalizing the activity as a game or acceptable behaviour, or saying nothing at all. About 41% of the sample used more violent means: 15% made threats, while 23% used physical force to restrain their victims. A weapon was used by only three boys (3.4%).

The injuries sustained by the victims were generally minimal. In 87% of the cases, no injuries were reported. However, it must be kept in mind that not all of the victims were examined medically. About 5% of the victims sustained minor cuts or bruises, while only 3 (2.4%) sustained more serious cuts or bruises. Those victims sustaining more serious injuries were all over the age of 14.

A large minority of the offenders had reportedly engaged in only one sexually inappropriate act (46%). Approximately another 32% had engaged in

two or three separate incidents of behaviour. Fifteen percent (19 boys) had engaged in numerous incidents over an extended period. The remaining 16% had engaged in 4 to 15 separate offenses. Translated into the period of time over which the offending behaviour took place, 55% were reportedly offending for less than one month while 25% were offending for one to six months. The remaining 20% offended for periods ranging from 7 to 72 months.

Victim Characteristics

The majority of the boys in the sample (78.7%) offended against children under the age of 12 years. Five boys (3.2%) offended against adult women. The mean age difference between the offender and the victim was 5.2 years. Most of the victims (70.8%) were female; 17.5% of the boys offended against male victims while 11.7% offended against children of both sexes. There were slightly more extra-familial victims (56.7%) than familial victims (43.5%) were. (See Table 2 for a breakdown.)

Most of the boys (71.0%) were referred because of interactions with only one victim, with 14.1% referred for two victims and 13.3% reported for three victims. Two-thirds of the boys (89 or 67.4%) had no previous recorded victims. Of the boys who had a prior history of offending behaviour, 24 (18.2%) had offended against one victim while 19 (9.1%) had more than one previous victim on their records.

Table 2

Relationship between victims and offenders in sample

Relationship	Frequency	Percent
Sibling (included adopted or foster siblings)	41	30.1
Parent	2	1.5
Cousin	12	8.8
Niece / Nephew	4	2.9
Friend, sibling of friend	39	28.7
Neighbour	28	20.6
Stranger	10	7.4

Jesness Inventory Profiles

The mean profile of all of the offenders in the sample is presented in Figure 1 (scores on the ordinate axis are T-scores). Since no comparison groups were used, one cannot draw strong conclusions about this profile. However, the profile indicates that the sex offenders in the current sample scored higher (but not clinically elevated) on the Social Maladjustment, Immaturity, Autism and Asocial Index scales than did the boys in the norm group. Also, the current sample appeared to score somewhat lower on the Denial scale than the norm group.

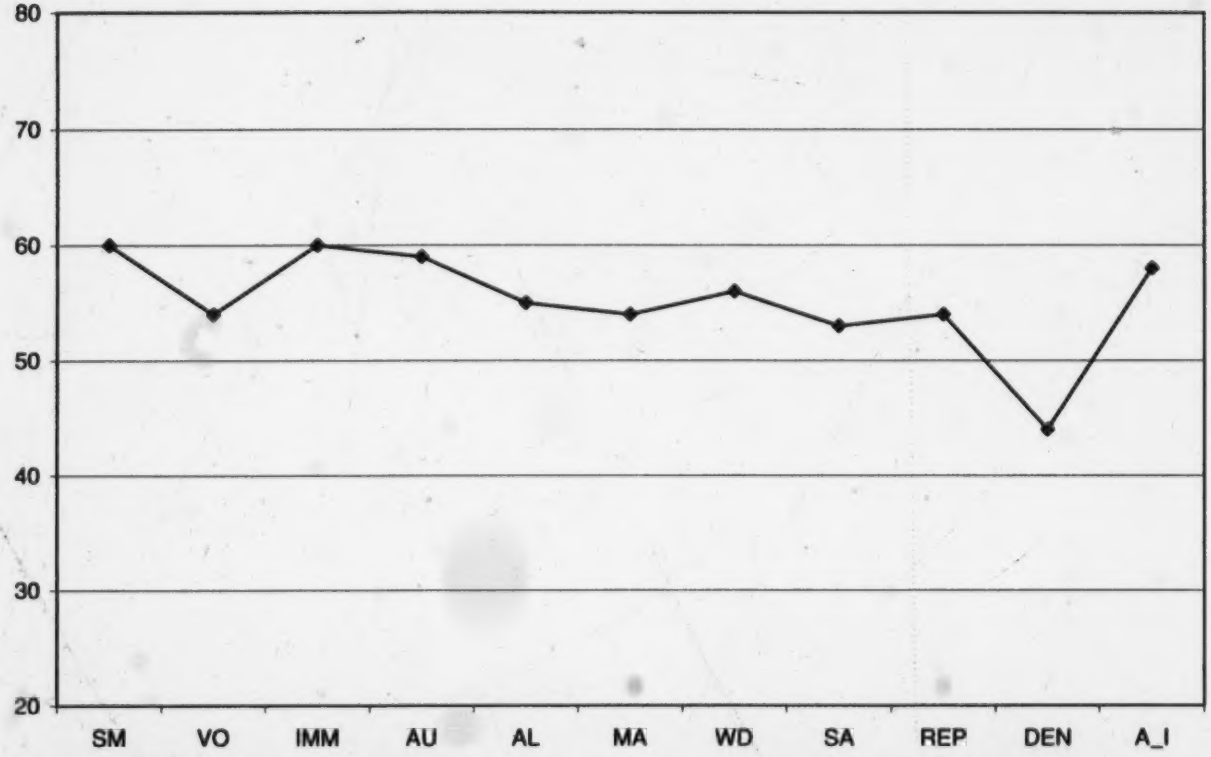

Figure 1. Mean Jesness scores for the total sample. Scales are as follows: SM - Social Maladjustment; VO - Value Orientation; IMM - Immaturity; AU - Autism; AL - Alienation; WD - Withdrawal/Depression; MA - Manifest Aggression; SA - Social Anxiety; REP - Repression; DEN - Denial; A_I - Asocial Index

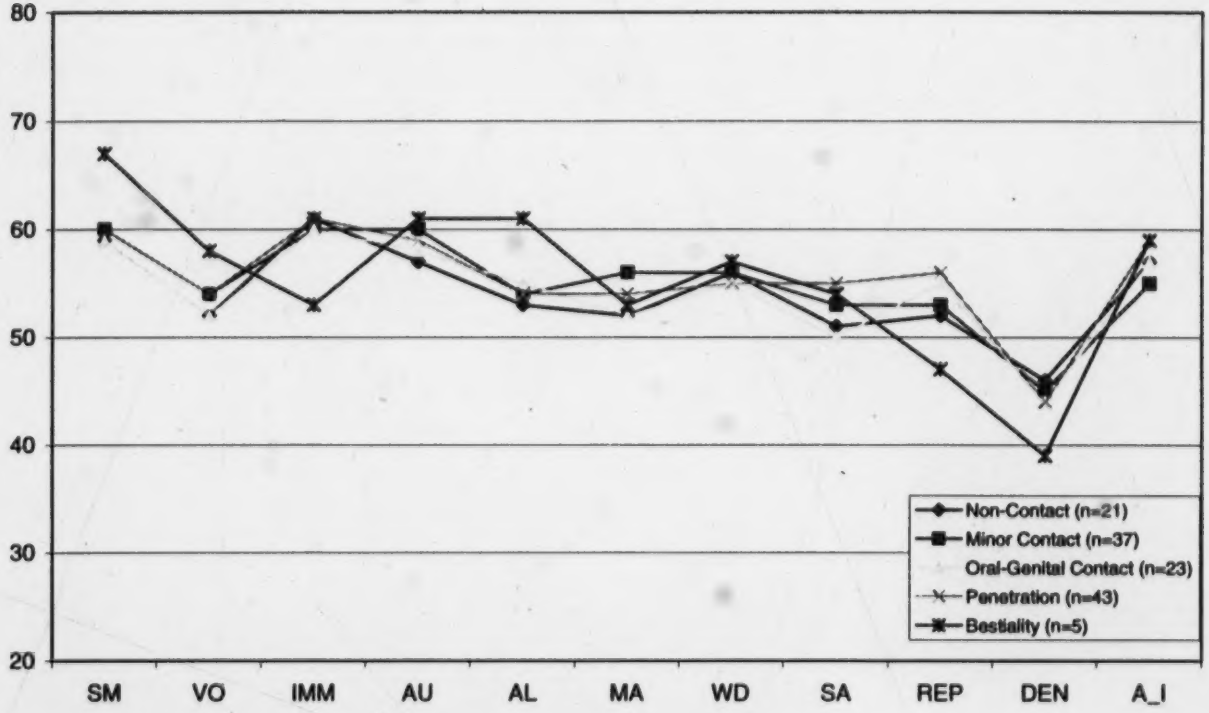

Figure 2. Jesness Inventory scores by type of offense behaviour.

When the groups were broken down by offense characteristics, the groups contained a disproportionate distribution of offenders. Therefore, statistical analyses were not performed, but the group means were visually inspected. There were no apparent differences in Jesness Inventory profiles when the sample was broken down into subgroups by age of the offender, either at the time of the offense or the assessment, or by racial origin of the offender. (Because there were no differences found after most of the sub-groupings, charts for many groupings were not included in this paper.) When the type of offending behaviour was considered, it appeared that those boys whose offending behaviour primarily involved sexual acts with animals had a different profile than the other boys in the group (see Figure 2). There were no apparent differences in the JI profiles based on type of coercion used, level of violence in coercive methods, number of offending events or length of offending behaviour. Although there were only 9 reports of physical injuries caused (cuts and bruises), those boys who caused injuries generally scored higher, particularly on the Social Maladjustment and Asocial Index scales (Figure 3).

There were no visible differences in JI profiles when broken down by number of victims in the current offense, sex of victim or number of current victims. There was an apparent difference in profiles based on the age of the victim: boys who offended against adults scored higher on the Social Maladjustment, Value Orientation and Alienation scales. Two of those boys had assaulted their mothers. When these two boys are removed from the sample of

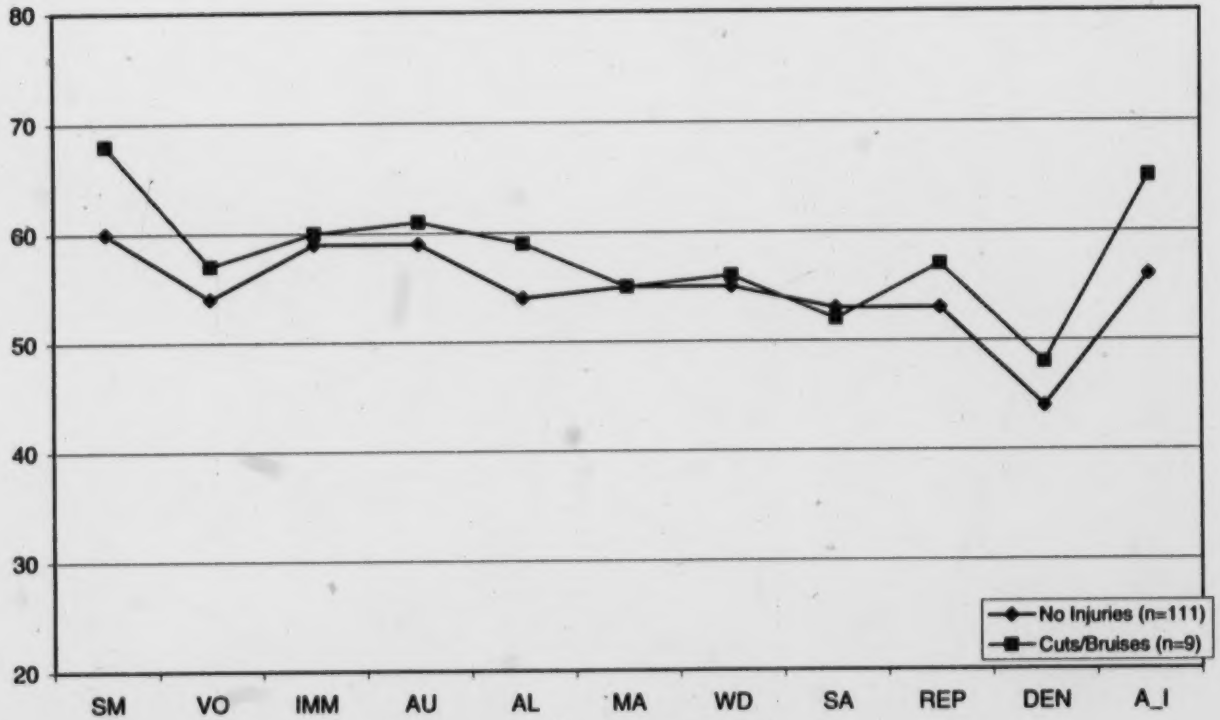

Figure 3. Jesness Inventory scores by injuries inflicted on the victim.

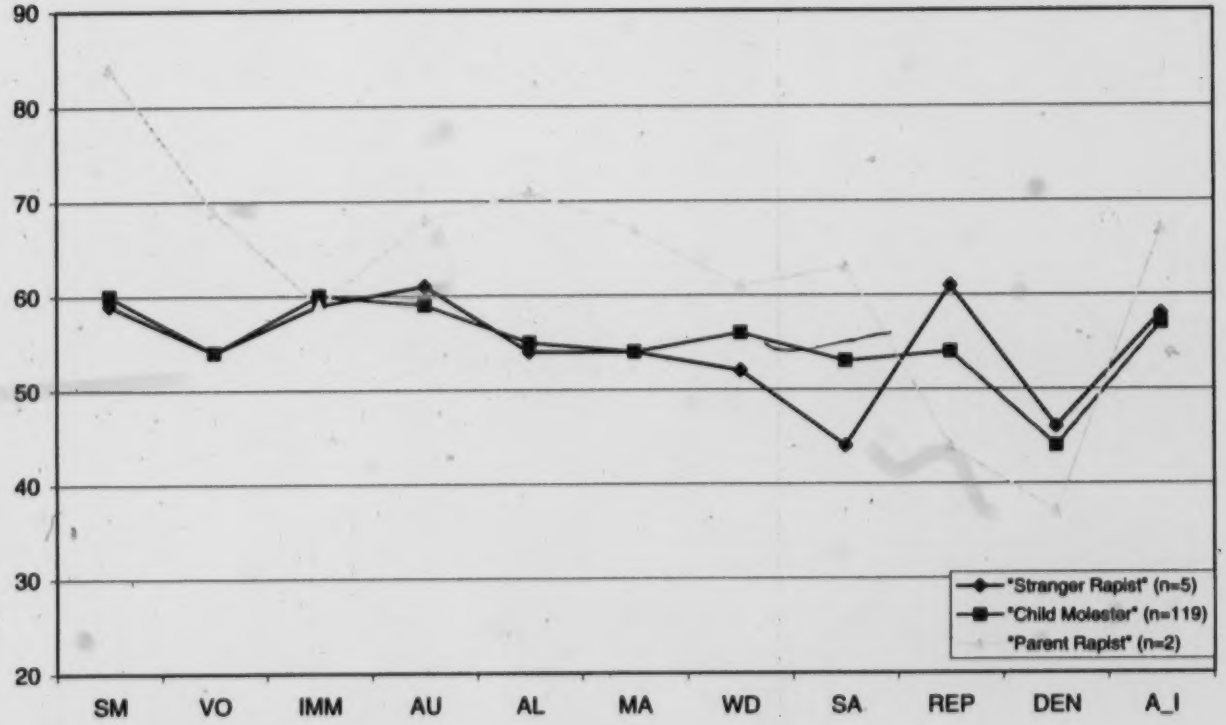

Figure 4. Jesness Inventory scores by age of victim.

"rapists," the rapist sample profile is more similar to the profile of the remainder of the group except for an apparently lower Social Anxiety score and a higher Repression score. Although these numbers are large enough to base any conclusions on, their profiles are certainly suggestive (see Figure 4).

There were slight differences in the profiles of boys who had committed previous offenses versus boys for whom the current offense was their first reported; boy with previous offenses scored slightly higher (2 to 4 T-score points higher) on all scales except the Denial scale. The relationship of the victim to the offender did not appear to reveal JI profile differences, with the exception of the two boys who had assaulted their mothers (shown as the Δ in Figure 4).

Discussion

The results indicate that using offense characteristics to break down the groups is of limited use in discriminating adolescent sex offenders' personality types as measured by the Jesness Inventory. For the most part, the Jesness Inventory profiles, when broken down along various dimensions, were remarkably similar.

The results displayed in Table 1 indicate that the current sample is a very heterogeneous group in terms of their offense behaviour. The current sample seems to differ from other samples in that about half of the boys committed what would be considered serious offenses (attempted or achieved penetration, oral-genital contact). This appears to be a higher rate of serious offending than

reported in some other studies. Groth (1977) reported that the offender was more likely to achieve penetration when the victim was older. However, the boys in the current sample did not show this trend. Of the 44 boys who attempted or achieved penetration (penile, digital or object; anal or vaginal) 22 of them had victimized children between the ages of 5 and 9 years old. Penetration accounted for almost 40% of the offenses against children below the age of 10. Oral-genital contact accounted for another 20%, while non-contact offenses accounted for only 6% of offenses in the same age group. These numbers are quite different than those obtained by Groth and by Abel and his associates (1993). It is possible that the rate of serious offending by adolescents has been underestimated. Alternately, it may be that with increased reporting of sexual abuse, serious behaviours are being reported more frequently.

The lack of homogeneity in the group, along with the lack of a comparison group, renders making comparisons and drawing conclusions difficult. Given these factors, the lack of differentiation in JI profiles as a function of offense characteristics is not surprising. Oliver et al. (1993) pointed out that their sample of sex offenders received a non-elevated profile (using a T-score of 70 as an indication of elevated). Unfortunately, the mean scale scores were not indicated. By their criteria, the current sample also shows a non-elevated profile. However, a perusal of Figure 1 clearly shows that the overall sample does not conform to the test norms (T = 50, SD = 10). In particular, scores on the Social Maladjustment and Immaturity scales were one standard deviation higher than the norms, and the

Autism scale was elevated by slightly less than one SD. The Denial scale, on the other hand, was lower than would be predicted from the norms. This profile suggests that adolescent sex offenders may be more likely to display immature attitudes, present a façade of normalcy to cover concerns about their mental stability, and to display attitudes that suggest poor conformity to social rules when solving problems. The generally lower Denial scale suggests that adolescent sex offenders are likely to openly acknowledge problems within their families and other problems in their lives. It is possible that the low score reflects high levels of family dysfunction, although it should also be considered that the low Denial score might represent the offender's attempt to justify his behaviour by "faking bad."

Jesness (1996) indicated that non-delinquents tend to score higher on the Denial scale than delinquents, and that Denial scale scores tend to increase with age. He suggested that low scores may indicate poor ego strength and family problems. Elevated Autism scores also suggest poor ego strength. Gomes-Schwartz (1984) found that many adolescent sex offenders scored poorly on a measure of ego development, indicating a poor understanding of right and wrong and a tendency to focus on their own needs and gratification. Therefore, they may have difficulty conforming to society's expectations and needs. The current findings of slight elevations on the Social Maladjustment, Immaturity and Autism, scales, with a concurrent low score on the Denial scale, would be consistent with Gomes-Schwartz's statement. The profile also appears to support McCraw

(1989), who suggested that adolescent sex offenders may experience more hypochondriacal preoccupations, self-absorption and inner destructive tendencies; elevated Autism and Immaturity scores could be considered consistent with these statements.

Similar to the findings of Oliver et al. (1993), there was no apparent difference between the Social Maladjustment scores based on type of offense committed (with the exception of bestiality). Groth (1977) suggested that adolescent rapists may be impulsive and act out when the stresses of life are overwhelming, whereas adolescent child molesters tend to be more passive, immature, and dependent. In the current sample, there were no differences in the Immaturity scores for rapists as compared to child molesters. However, the rapist group (those who offended against victims who were over the age of 13 and who were less than 2 years younger than the offender) did score slightly higher on the Social Maladjustment scale. Due to the small number of "rapists" (7), no analysis was done on the score.

The profile of the boys whose primary offense was sexual contact with an animal was very different from the profiles of boys in other offense groups. It is interesting to note that the SD on most JI scales was larger for the bestiality group (12 or more) than for the norm group (SD = 10). Further study with a larger sample would be necessary to examine the apparent differences. A similar caveat needs to be made regarding the apparent elevation in profile for those boys who

caused physical injuries to their victims – a larger sample of such boys would be necessary to further examine their profile.

Deisher et al. (1982) reported that adolescent child molesters have poor peer relations and a history of social isolation, whereas assaultive offenders may appear better adjusted. The current findings indicate no differences on the Social Anxiety scale for the rapist group versus the remainder of the sample. The rapist group did score slightly higher on the Alienation scale, suggesting an opposite trend to that proposed by Deisher and associates. Deisher's group also suggested that non-contact offenders have difficulty dealing with feelings of anger and experience feelings of inadequacy. Although these characteristics were not directly measured by the JI, the JI profiles of non-contact offenders did not appear to differ from those of other sex offenders.

The profiles of the two boys who assaulted their mothers were vastly different from the profiles of the other boys. Perhaps it is not unexpected that these boys would show such dramatically different profiles, since sexually assaulting a parent seems repugnant. I am not aware of any other studies that have examined such offenders – presumably they are rare. However, it would be very interesting to find out if other studies would find similar results.

The current study is based on collateral reports and thus is limited in its applicability. Most likely, many of these boys committed offenses that were not revealed to official sources. However, the information used in the study is the kind of information that would generally be available when an adolescent sex

offender is referred for assessment or treatment. Unfortunately, collateral sources may reveal only a small portion of the offending behaviour of the adolescent. Thus, any findings based on such information needs to be interpreted cautiously.

In general, it appears that the JI is of some limited use in differentiating adolescent sex offenders based on offense characteristics. The overall profiles of adolescent sex offenders tend to be slightly elevated, with the Social Maladjustment, Immaturity, Autism and Asocial Index scales all evidencing mean scores close to one standard deviation above the norm. The mean Denial scale score, on the other hand, was just over ½ SD below the norm. There appears to be some support for previous findings that adolescent sex offenders may have poor ego strength, concern with inner destructive tendencies and hypochondriacal preoccupations. The findings regarding boys who engage in bestiality (and not other sexual offenses) and boys who sexually assault parents need to be further investigated.

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CHAPTER 3: ANNOTATED BIBLIOGRAPHY

Although the study of adolescent sexual offenders is relatively new, there is an increasing amount of research being published about them. If one is to understand adolescent sexual offenders from more than a very narrow perspective, it is necessary to be familiar with the work that is being done regarding different aspects of their behaviour, development and attitudes. The following bibliography provides an extensive (although not complete) listing of much of the research that has been published. The listing begins with two excellent sources about the impact of sexual abuse on children. The next part of the bibliography outlines published research regarding adolescent sex offenders. Finally, some selected articles regarding adult offenders are included to provide an overview of how some similar areas are being studied with adults.

Victim Issues

Wyatt, G.E. & Powell, G.J. (1989). Lasting Effects of Child Sexual Abuse. Newbury Park, CA: Sage Publications.

This is a comprehensive book about the long-term consequences of child sexual abuse on children. Some of the issues addressed include theoretical issues, the impact of the abuse on adults who were abused as children, and the effects of abuse on society in general and on those close to the abused child. It is an excellent book to gain an overview of the impact of sexual abuse on children. There is also one chapter (written by Judith Becker) entitled "The Effects of Child Sexual Abuse on Adolescent Sexual Offenders," which examines the relationship between child sexual abuse and later offending behaviour.

Finkelhor, D. (1986). A Sourcebook on Child Sexual Abuse. Beverly Hills, CA: Sage Publications.

One of the early books published on child sexual abuse, this is still one of the most frequently cited sources. Topics covered include risk factors, short- and long-term sequelae, sexual abusers and prevention.

Adolescent Offenders

Aljazireh, L. (1993). Historical, environmental, and behavioral correlates of sexual offending by male adolescents: A critical review. Behavioral Sciences and the Law, 11, 423-440.

Aljazireh provides a review of research published regarding adolescent sex offenders, and offers suggestions for assessment, treatment and future research.

Atcheson, J.D. & Williams, D.C. (1954). A study of juvenile sex offenders. American Journal of Psychiatry, 111, 366-370.

Presents a statistical review of 283 "sex offenders" (116 boys and 167 girls) referred to the Toronto Juvenile Court Clinic between 1939-1948. Sexual offenses included promiscuity and "homosexual contact with an adult"; juveniles were defined as ages 7 to 16. Incidence statistics were provided on nature of the charge, age of the offender, IQ levels, socio-economic "stress," recidivism, committal to training school and serious personality maladjustment.

Awad, G.A. & Saunders, E. (1989). Adolescent child molesters: Clinical observations. Child Psychiatry and Human Development, 19, 195-206.

The authors compared offense characteristics, abuse histories, pathology, and social interaction skills of 29 adolescent male sex offenders (ages 11-16 years). These factors are discussed as possible causative factors in the development of sexual offending behaviour.

Awad, G.A., Saunders, E. & Levene, J. (1984). A clinical study of male adolescent sex offenders. International Journal of Offender Therapy and Comparative Criminology, 28, 105-115.

Juvenile sex offenders were compared with other juvenile offenders referred to the Family Court Clinic over a two year period. The sex offender group was more likely to come from a middle class background, to have lower intellectual functioning, and display less delinquency, alcohol abuse and temper control difficulties than the comparison group. There was also a high rate of recidivism among the sex offenders, especially of rape or attempted rape offenses.

Bagley, C. & Shewchuk-Dann, D. (1991). Characteristics of 60 children and adolescents who have a history of sexual assault against others: Evidence from a controlled study. Journal of Child and Youth Care, Special Issue, 43-52.

The authors reviewed the files of 670 adolescents who were referred to a residential treatment centres and compared 60 children who had a history of sexual assault with 320 other adolescents. They found several behavioural and emotional differences between the groups.

Barbaree, H.E., Marshall, W.L. & Hudson, S.M. (1993). The Juvenile Sex Offender. New York, NY: Guilford Press.

This book provides an excellent overview of the topics that are currently being examined in the area of adolescent sexual offenders. Chapters cover such topics as development, classification, treatment and relapse prevention.

Becker, J.V., Kaplan, M.S., Cunningham-Rathner, J. & Kavoussi, R. (1986) Characteristics of adolescent incest sexual perpetrators: Preliminary findings. Journal of Family Violence, 1, 85-97.

The authors interviewed 22 adolescent male incest offenders (ages 13-18) referred to an outpatient clinic and examined criminal history, sexual offending history, psychiatric diagnosis, prior victimization and sexual experiences. They also presented summary statistics of the group after they were subdivided into typologies (pedophile, rape, consensual).

Becker, J.V., Cunningham-Rathner, J., & Kaplan, M.S. (1986) Adolescent sexual offenders: Demographics, criminal and sexual histories, and recommendations for reducing future offenses. Journal of Interpersonal Violence, 1, 431-445.

Examines the demographics, offense history and sexual experiences of 67 adolescent male sexual offenders ages 13-19). Sexual offending behaviour often began in early adolescence, and often those offenders referred had engaged in several offenses before they were reported.

Bender, L. & Grugett, N. (1952). A follow-up report on children who had atypical sexual experiences. American Journal of Orthopsychiatry, 22, 825-837.

The authors examine the cases of several children involved in sexually explicit behaviour and explain the behaviour in the context of psychoanalytic theory.

Blaske, D.M., Borduin, C.M., Henggeler, S.W. & Mann, B.J. (1989) Individual, family and peer characteristics of adolescent sex offenders and assaultive offenders. Developmental Psychology, 25, 846-855.

The investigators compared several individual, family and peer characteristics of adolescent sex offenders (defined by criminal charge), violent (non-sex) offenders, non-violent offenders, and non-offenders from "father-absent" homes in Missouri. The study is limited by the use of "father-absent" homes and the use of several, relatively little known measures and observation. Sex offender group displayed more anxiety than other groups and more "ruminative-paranoid" symptoms then assaultive offenders. Sex offender families showed good family cohesion.

Cantwell, H.B. (1988) Child sexual abuse: Very young perpetrators. Child Abuse and Neglect, 12, 579-582.

Presented in this article are three cases of very young children who were sexually abused and who themselves perpetrated sexual acts on other children. Implications and suggestions for the handling of sexual interactions between children are offered.

Emerick, R. L. & Dutton, W. A. (1993). The effect of polygraphy on the self-report of adolescent sex offender: Implications for risk assessment. Annals of Sex Research, 6, 83-103.

In this study, the authors examined the rate of sexual offending reported by collateral reports, self-report at time of assessment, and disclosures as a result of polygraphy testing. They studied 76 high risk males, ages 10 to 18, accused of or convicted of a sexual crime. They found a dramatic increase (60 times more offenses) in the number of reported hands-on offenses reported.

French, D.D. (1988). Distortion and lying and defence processes in the adolescent child molester. Journal of Offender Counseling, Services & Rehabilitation, 13(1), 27-37.

The author discusses the frequent use of distortion and lying in adolescent child molesters as methods to avoid the consequences of their actions. The findings are based on clinical experience with 42 child molesters referred to an outpatient setting. Six specific denial strategies are presented.

Friedrich, W.N. & Luecke, W.J. (1988). Young school-age sexually aggressive children. Professional Psychology Research and Practice, 19, 155-164.

The authors examined 22 children (18 males) between the ages of 4 to 11 who were acting out sexually. Information was provided regarding psychiatric diagnoses, abuse history, "sexual preoccupation," parent child relations, socialization and school problems. They compared the behaviour of their sample to the behaviour of adolescent sexual offenders.

Gilby, R., Wolf, L. & Goldberg, B. (1989). Mentally retarded adolescent sex offenders: A survey and pilot study. Canadian Journal of Psychiatry, 34, 542-548.

In this exploratory study, the authors compare the assault behaviour, school problems, social difficulties, delinquent behaviour, abuse history and family history of mentally retarded and intellectually normal adolescent sex offenders.

Green, D. (1987). Adolescent exhibitionists: Theory and Therapy. Journal of Adolescence, 10, 45-56.

The author does a "retrospective analysis" on his experience with 20 adolescent (ages 12-20) exhibitionists (all males) and places his findings in the context of theories about the development of exhibitionism. Suggestions regarding therapy are offered.

Groth, A.N. (1977). The adolescent sexual offender and his prey. International Journal of Offender Therapy and Comparative Criminology, 21, 249-254.

Groth presented descriptive statistics on a number of variables related to offense behaviour, such as offender-victim relationship, use of intoxicants, and various offender characteristics. His sample was somewhat varied, including adolescent offenders and adult offenders who had a history of sexual assault as an adolescent. This study was a good early attempt to delineate some of the characteristics of adolescent sex offenders.

Hughes, S.A., Deville, C., Chalhoub, M., Romboletti, R. (1992). The Rorschach human anatomy response: Predicting sexual offending behaviour in juveniles. Journal of Psychiatry and Law, 20, 313-333.

The authors studied Rorschach human anatomy responses of 97 delinquents between the ages of 15-18 (breakdown of offenses was not described). They concluded that subjects who saw human anatomy responses were more likely to commit sex crimes than other crimes, and more likely to commit violent than non-violent crimes. Intellectual capacity and community environment were not significant in predicting sex-offending or violent behaviour. The authors' tendency to jump from correlation to causation weakens their conclusions.

Johnson, T.C. & Berry (1989). Children who molest. Journal of Interpersonal Violence, 4, 185-203.

The authors describe a comprehensive, specialized treatment program for sexual abuse reactive children, children who are molested and who, in turn, instigate sexual activity with other children.

Kahn, T. J. & Chambers, H. J. (1991). Assessing reoffense risk with juvenile sexual offenders. Child Welfare, 70, 333-345.

The authors studied 27 parents or parent surrogates of adolescent incest perpetrators. They found that these parents under-reported physical abuse of their sons, tended to be in denial regarding their sons' sexual offending and reported high incidences of being abused themselves. They also did not educate their sons about sexuality.

Kaplan, M. S., Becker, J. V. & Martinez, D. F. (1990). A comparison of mothers of adolescent incest vs. non-incest perpetrators. Journal of Family Violence, 5, 209-214.

Mothers of adolescent incest offenders (n = 48) were compared with mothers of non-incest sexual offenders (n = 82). More mothers of incest offenders reported having been physically or sexually abused, having a sexual dysfunction and having been in psychotherapy previously. Also, more of the incest mothers believed that their sons had committed the behaviour and were in need of therapy; more of the incest mothers reported that their sons had a history of being physically abused.

Kavoussi, R.J., Kaplan, M. & Becker, J.V. (1988). Psychiatric diagnoses in adolescent sex offenders. Journal of the American Academy of Child and Adolescent Psychiatry, 27, 241-243.

The authors administered two structured interviews to 58 boys, ages 13-18, who had been found guilty of, or had admitted to, committing a sexual offense. They found that about 50% were diagnosed with Conduct Disorder, with more boys who had raped or attempted to rape getting this diagnosis. Eighty percent of the boys were diagnosed with a DSM-III disorder.

Lewis, D.O., Shankok, S.S. & Pincus, J.H. (1979). Juvenile male sexual assaulters. American Journal of Psychiatry, 136, 1194-1196.

Seventeen sexually assaultive boys (mean age = 15) were compared with 61 seriously violent offenders (all boys were incarcerated) on psychiatric, neurological and psycho-educational status. The results suggested that sexually assaultive boys had behaved violently since childhood. There was no difference between the two groups in psychiatric symptoms, neurological impairment or psycho-educational status.

Longo, R.E. (1982). Sexual learning and experiences among adolescent sexual offenders. International Journal of Offender Therapy and Comparative Criminology, 27, 150-155.

The author studied the early sexual experiences of 17 adolescent offenders (ages 19 or under) who had been referred to adult court because of the seriousness of their offenses. He found that most of his sample had their first sexual experiences before puberty, in elementary school and about 50% were molested as children.

Longo, R.E. & Groth, A.N. (1983). Juvenile sexual offenses in the histories of adult rapists and child molesters. International Journal of Offender Therapy and Comparative Criminology, 27, 150-155.

Two hundred and thirty-one incarcerated sex offenders were interviewed regarding their sexual behaviour as an adolescent. About one in three offenders showed a progression from less serious (non-contact) offending during adolescence to more serious crimes as adults, and more child molesters than rapists show such a progression.

Malamuth, N.M. (1986). Predictors of naturalistic sexual aggression. Journal of Personality and Social Psychology, 50, 953-962.

Malamuth examined predictors of sexual aggression against women, including motivation for the act, dominance as a motive in sexual acts, hostility towards women, acceptance of violence towards women, previous sexual experience and psychoticism (as defined by the Psychoticism scale of the Eysenck Personality Questionnaire). A regression equation was creating using these factors to predict sexual aggression.

Markey, O.B. (1950). A study of aggressive sex misbehavior in adolescents brought to juvenile court. American Journal of Orthopsychiatry, 20, 719-731.

The author compared 25 boys and 25 girls referred to a Juvenile Court for sexual immorality with an equal number of non-sexual delinquents. The findings are discussed mostly in the context of psychodynamic theory.

McConaghy, N., Blaszczynski, A., Armstrong, M.S. & Kidson, W. (1989). Resistance to treatment of adolescent sex offenders. Archives of Sexual Behavior, 18, 97-107.

The authors compared the success of treatment (defined by lapse or relapse and need for further treatment) of 50 males (six of whom were below the age of 20) who had committed a variety of offenses. They concluded that adolescents were more resistant to treatment than adults, but failed to consider the small sample size or to control for treatment modality, type of offense or offender characteristics (such as family background or level of psychopathology).

McCraw, R.K. & Pegg-McNabb, P. (1989). Rorschach comparisons of male juvenile sex offenders and nonsex offenders. Journal of Personality Assessment, 53, 546-553.

The Rorschach responses of 90 boys, ages 11 to 17, half of whom were sex offenders, were examined. Few significant differences were found. The authors concluded that adolescent sex offenders are more like other juvenile delinquents than different from them.

Pomeroy, J.C., Behar, D. & Stewart, M.A. (1981). Abnormal sexual behaviour in prepubescent children. British Journal of Psychiatry, 138, 119-125.

The authors studied 16 children who were referred to a psychiatric department for abnormal sexual behaviour. They discussed psychiatric diagnoses, family backgrounds, abuse histories of the children and "aetiology" of the behaviour.

Roberts, R.E, McBee, G.W., & Bettis, M.C. (1969). Youthful sex offenders: An epidemiologic comparison of types. Journal of Sex Research, 5, 29-50.

The cases of a large sample (150 sex offenders and 150 non-sexual delinquents) were reviewed for demographic, legal, clinical and sociological data. The profiles of the two groups were significantly different in terms of sex (but the sex offender sample included "promiscuous girls" and prostitutes), intelligence, family income, type of previous offenses, number of delinquent siblings and offense patterns of siblings.

Ryan, G., Lane, S. Davis, J & Isaac, C. (1987). Juvenile sex offenders: Development and correction. Child Abuse and Neglect, 11, 385-395.

The authors explore the development of juvenile sexual offending, including socialization and sexual victimization. The sexual abuse cycle is discussed as an important aspect of treatment programs.

Rubinstein, M., Yeager, C.A., Goodstein, C. & Lewis, D.O. 1993). Sexually assaultive male juveniles: A follow-up. American Journal of Psychiatry, 150(2), 262-265.

The authors compared the adult criminal histories of 77 violent and sexual offenders who had been examined in adolescence (19 had committed sexual offenses). Those who had committed sexual offenses as juveniles had a higher rate of sexual and other criminal behaviour, including violent offenses.

Smith, W.R. (1988). Delinquency and abuse among juvenile sexual offenders. Journal of Interpersonal Violence, 3, 400-413.

Juvenile sex offenders (n=450) referred during a 7 year period were administered a standardized interview. The majority of offenders had a history of prior sex offending, while 62-80% had a history of non-sexual crimes. Thirty-five to 56% had experienced either physical or sexual abuse.

Smith, W.R., Monastersky, C. & Deisher, R.M. (1987). MMPI-based personality types among juvenile sexual offenders. Journal of Clinical Psychology, 43, 422-430.

A large pool of adolescent sexual offenders (262 boys ages 12-19) were administered the MMPI. The most frequent offense was molestation short of penetration. The authors used cluster analysis to derive four groups of offenders, but the groupings were not significantly related to offense history or clinical presentation.

Tarter, R.E., Hegedus, A.M., Alterman, A.I. & Katz-Garris, L. (1983). Cognitive capacities of juvenile, violent, nonviolent and sexual offenders. Journal of Nervous and Mental Disease, 171, 564-567.

The authors compared 73 juvenile delinquents (14 of whom were sexual offenders) on various intellectual, neuropsychological and psycho-educational measures. They found no group differences on the various measures.

Truscott, D. (1993). Adolescent offenders: Comparison for sexual, violent, and property offenses. Psychological Reports, 73, 657-658.

The author studied the MMPI profiles of 153 adolescent offenders assessed at a psychiatric hospital, 23 of whom were adolescent sex offenders. The sex offender group reported a significantly higher history of sexual abuse, but the groups did not differ on MMPI profiles.

Vinogradov, S., Dishotsky, N.I., Doty, A.K. & Tinklenberg, J.R. (1988). Patterns of behaviour in adolescent rape. American Journal of Orthopsychiatry, 58, 179-187.

The authors analyzed 67 rapes committed by 63 adolescents and compiled a "typical rape" composite. Variables studied included drug use of the adolescents, impulsivity versus premeditation, and victim provocation.

Waggoner, R. & Boyd, D. (1941). Juvenile aberrant sexual behaviour. American Journal of Orthopsychiatry, 11, 275-291.

The cases of 12 children who engaged in "aberrant sexual practices," are broken into three groups: those who are emotionally infantile and without personal independence; those who came from homes in which there was parental rejection; and those whose behaviour appeared to result from "defects in their personality." A fourth group seemed to have multiple delinquency problems. This is another good paper for elucidating the historical development of thoughts about juvenile sexual offending.

Adult Offenders

Abel, G.G., Becker, J.V. & Cunningham-Rathner, J. (1984). Complications, consent, and cognitions in sex between children and adults. International Journal of Law and Psychiatry, 7, 89-103.

The authors begin with a review of some of the negative consequences of adult-child sexual interactions and which characteristics of the interactions are likely to cause negative reactions in the child. Also included is an overview of the issue of consent in sexual contacts with children. Some of the typical cognitive distortions offenders use to rationalize their behaviour are also included. The article ends with an excellent overview of some of the issues surrounding minimization and rationalization in child molesters.

Bard, L.A., Carter, D.L., Cerce, D.D., Knight, R.A., Rosenberg, R. & Schneider, B. (1987). A descriptive study of rapists and child molesters: Developmental, clinical and criminal characteristics. Behavioural Sciences and the Law, 5, 203-220.

This paper begins with an excellent analysis of sampling difficulties inherent in the research in this area. The results suggest a variety of differences between rapists (victims older than 16 years) and child molesters (victim under 16 years old). The authors conclude that the child molester/rapist dichotomy is a useful one.

Carter, D.L., Prentky, R.A., Knight, R.A., Vanderveer, P.L. & Boucher, R.J. (1987). Use of pornography in the criminal and developmental histories of sexual offenders. Journal of Interpersonal Violence, 2, 196-211.

The authors solicited volunteers (n = 64) from an institution for "sexually dangerous" offenders to study use of pornography. They found that child molesters (assaulted children below the age of 16) used pornography more as adults and that use of pornography, while perhaps not causative, seems to be associated with the sexual exploitation of children.

Dwyer, S.M., Rosser, B.R., & Sawyer, S. (1992). Dissociative experiences of sexual offenders: A comparison between two outpatient groups and those found to be falsely accused. Journal of Offender Rehabilitation, 18 (3/4), 49-58.

The Dissociative Experiences Scale was administered to 71 adult male sex offenders (pedophiles, incest offenders and non-contact offenders; no rapists) and 14 adult men who were found to be falsely accused of sexual abuse. The sex offenders did not score higher than the norms for the test. The men who were falsely accused scored lower (although not significantly lower) than the population mean.

Glaser, W.F. (1986). "Treatment" or "Sentence" for child molestors: A comparison of Australian offenders with a general prison population. International Journal of Law and Psychiatry, 11, 145-156.

The author compared 36 child molesters (men charged with sexual offending with children) with "the Victorian [Australia] prison population surveyed on June 30, 1985." Although Glaser acknowledges that his study is limited by the small sample size, he concludes that the sex offender group does not differ significantly from the general prison population on a variety of demographic and clinical variables, and that specialized treatment is not justified.

Harry, B., Pierson, T.R. & Kuznetsov, A. (1993). Correlates of sex offender and offense traits by victim age. Journal of Forensic Sciences, 38, 1068-1074.

Victim age is used to break down a group of over 800 incarcerated sex offenders. The authors found some significant differences, including an apparent higher level of "anti-social" attitudes or behaviour in those men who rape adult women, and a lower level in those who assault adolescents. The large sample size, although it is restricted by including only incarcerated offenders, makes this a very good study.

Knight, R.A., Carter, D.L. & Prentky, R.A. (1989). A system for the classification of child molesters. Journal of Interpersonal Violence, 4(1), 3-23.

In this article, the authors present a detailed classification scheme for adult child molesters. The primary breakdown is between child molesters and rapists, with decision points based on such dimensions as the meaning of anger or violence in the offense, meaning of contact and level of fixation. A similar article in The Juvenile Sex Offender (Edited by Barbaree, Marshall and Hudson, referenced above) describes the application of their typology to adolescent offenders.

Marshall, W.L. (1989). Intimacy, loneliness and sexual offenders. Behavior Research and Therapy, 5, 491-503.

Marshall presents his theory, in this essay, that sex offenders fail to form intimate relationships with adults and thus sexually offend against less threatening partners in attempt to find intimacy. The author asserts that sexual offenders do not develop the skills necessary to form intimate relationships, and explains why this lack leads to sexual offending behaviour. Recommendations for assessment and treatment programs are offered.

Nutter, D.E. & Kearns, M.E. (1993). Patterns of exposure to sexually explicit material among sex offenders, child molesters, and controls. Journal of Sex and Marital Therapy, 19, 77-85.

This paper presents a study on the relationship of pornography and first masturbation to sexual offending behaviour. The subjects were 51 non-incarcerated sex offenders and a control group of 51 men from service groups. Sex offenders began masturbating earlier,

although the child molester subgroup did not. The study seems to use an unusual sample of sex offenders in that the onset of "unusual sexual behaviour" was much later than in other published studies (mean age of 23.19 years). Also the use of a relatively well-educated control group (96% had graduated high school) may have skewed the results somewhat.

Sales, B., Kaszniak, A. & Kahn, M. (1992). Characteristics of child molesters: Implications for the fixated-regressed dichotomy. Journal of Interpersonal Violence, 7, 211-225.

Subjects studied were 136 men (ages 17-81) convicted for child molestation. The authors operationalized the "fixated-regressed" dichotomy to test whether the offender's classification was related to offense characteristics. They found a unimodal continuum rather than a bi-modal distribution; placement on the continuum did not appear to predict offending behaviour. This study is a good example of using sound methodology to test theory. The subjects, their offenses and the methodology are all clearly described; unfortunately, the authors overgeneralized their conclusions.

Scott, R.L. & Stone, D.A. (1986). MMI profile constellations in incest families. Journal of Consulting and Clinical Psychology, 54, 364-368.

The MMPI was administered to the parent offenders (fathers and step-fathers), non-offending mothers and daughter victims of incest families and compared with the profiles of non-offending control groups. A number of differences were found. The authors speculate that "in most cases it is not psychopathology that produces incest but incest that produces psychopathology" (p. 367). Unfortunately, their presentation of raw scores rather than T-scores makes it difficult to follow their explanation of the results.

Chapter 4: Discussion - Integration and Future Research

Overview of the Current Study

In much of the previously published research regarding adolescent sex offenders, the investigators have focused on comparing adolescent sex offenders with other groups of adolescents (e.g., violent offenders, non-violent [property] offenders, and non-offenders). The difficulty with such studies is that the heterogeneity within the group of sexual offenders has been disregarded. In the study described in Chapter 2, I examined the personality profiles of adolescent sex offenders. In an attempt to decrease the heterogeneity of the overall group of subjects, the sample was broken down by victim and offense characteristics. I speculated that when the groups were broken down in this manner, there would be differences in the composite Jesness Inventory profiles of the subgroups.

When the current sample was divided along offense characteristics, the resulting subgroups generally had very disproportionate sizes due to the large number of boys who had offended against children. Because of the extreme disproportion resulting from most groupings, formal statistical analyses were not completed. The Jesness Inventory (JI) profiles of these groups were therefore compared visually.

In general, the results did not support the surmise that grouping male adolescent sex offenders by offense characteristics will reveal differences in JI profiles. For the most part, the profiles of different subgroups were remarkably

similar. However, there were some suggestive findings, although they must be considered very tentative.

First, the overall profiles were slightly elevated compared with the norming group, with lower Denial scores. Although none of the scale means was in the clinical range (T > 65), it would seem that adolescent sex offenders, in general, do have personality adjustment difficulties. Furthermore, although the differences were not statistically significant, those adolescents who cause physical injuries during the offense appear to obtain higher scores on the JI. It is possible that if a larger sample of aggressive sexual offenders were used, such results could be statistically significant. Similarly, the two boys who sexually assaulted their mothers also revealed extremely different profiles from the remainder of the groups, suggesting more adjustment difficulties. Finally, the boys whose primary offense was bestiality showed slightly different profiles with higher standard deviations on most scales than the rest of the sample. It is possible that these boys, as well, are different from the remainder of the sample.

Possible Reasons for Lack of Significant Findings

There are several possible reasons why no apparent differences in profiles were found. The first of these is the possibility that adolescent boys commit sexual offenses based on opportunity, rather than in accordance with their sexual preferences. If these boys are basically opportunistic in taking advantage of other people, then that may be the only personality dimension along which they would

differ from other groups. There certainly would not be within-group differences. Even if sexual preference does determine the type of offense committed, it is possible that there is no relationship between personality and sexual preference. As stated in Chapter 1, my clinical experience suggests that there are certain types of boys who seem to fit into distinct personality profiles and who seem, on the surface, to commit similar types of offenses. The purpose of the current study was to objectively test that observation. The current results do not validate that observation, but there is not enough evidence to reject it outright. It may be that while sexual preference is not related to personality (or vice versa), certain personality characteristics may mediate how those preferences are expressed. For example, the choice of child or adult victim may be a result of many factors unrelated to personality, but the type of coercion used, type of offending behaviour, and degree of injury caused may all be mediated by an adolescent offender's personality. However, teasing out these differences is very difficult.

Even if there are differences among the subgroups of offenders, the JI may not be the best instrument to use – it may not be sensitive to personality adjustment differences among adolescent sex offenders. The JI was designed primarily to measure attitudes among delinquent youth – such measures may not adequately measure the types of personality differences that might exist among various types of adolescent sex offenders.

The use of collateral records as the source of information may further confound any profile differences (or lack of differences). As Emerick and Dutton

(1993) pointed out, collateral sources may significantly underreport the extent of offending behaviour an adolescent has engaged in. Lack of knowledge about unknown sexual behaviour could affect the results either by neutralizing any possible "true" differences or by suggesting differences that do not really exist. Furthermore, the large discrepancies in the groups when broken down by offense characteristics rendered the use of formal statistics meaningless.

Implications for Assessment and Treatment

Becker and Kaplan (1988) suggested that assessment of adolescent sexual offenders should address not only the specifics of their sexual offending behaviour, but also the same issues that would be addressed in a typical psychological assessment. This approach stresses the heterogeneity that currently is perceived among adolescent sex offenders. The current findings support the assertions of Becker and Kaplan. There is nothing in the current findings to suggest that adolescent sex offenders should present with any particular personality adjustment difficulties. Although the slightly elevated scores on the Immaturity and Autism scales is considered suggestive of poor ego development, such a pattern may be typical of teenagers who commit other offenses, or who are referred for psychological or psychiatric interventions.

In terms of application to treatment, the current results suggest that adolescent sex offenders are a heterogeneous group, with varying psychological profiles and presenting issues. Thus, therapy must address the varying issues that

adolescents present, including sexually offensive behaviour. The tentative hypothesis that adolescent sex offenders may have poor ego development is borne out in my clinical experiences and in the impressions of other researchers and clinicians (Maclay, 1960; Groth, 1977). Thus, therapy should address moral development, empathy (particularly victim empathy) and ability to delay gratification. Becker and Kaplan (1993) outlined a group therapy program of cognitive-behavioural treatment for adolescent sex offenders. They suggested that a group should include different types of offenders, which contributes to confrontation of cognitive distortions. The current results, which support the generally accepted premise regarding the heterogeneity of adolescent sexual offenders, provide no reason for breaking the group down by offense type.

Future Research

The tentative findings regarding teenagers who assault their mothers, those who engage in bestiality as a primary act (zoophiliacs) and adolescents who use violence in their offenses are suggestive. On an intuitive level, it makes sense that these boys might differ significantly in their development. It may also be that having committed such offenses impacts an adolescent's feelings about himself and his environment. Larger samples would need to be used to examine whether such differences are artefacts of the small sample sizes in the current group. If similar profile differences result from larger sample sizes, further research could examine the profile differences that are suggested in the current study.

In the current study, only offense characteristics were examined. Examining offender characteristics, such as history of the offender being abused, criminal history, previous psychiatric diagnoses, and family history might provide some further insights. To date, the research presented has largely examined maladaptive behaviour and psychopathology. It would be informative to examine the profiles of adolescents on measures of adaptive behaviour or personality styles, as opposed to measures of psychopathology and maladjustment and compare both within-group and between group profiles.

References

Becker, J.V. & Kaplan, M.S. (1988). The assessment of adolescent sexual offenders. Advances in Behavioral Assessment of Children and Families, 4, 97-118.

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Emerick, R. L. & Dutton, W. A. (1993). The effect of polygraphy on the self-report of adolescent sex offenders: Implications for risk assessment. Annals of Sex Research, 6, 83-103.

Groth, A. N. (1977). The adolescent sexual offender and his prey. International Journal of Offender Therapy and Comparative Criminology, 21, 249-254.

Maclay, D.T. (1960). Boys who commit sexual misdemeanours. British Medical Journal, 11, 186-190.

Appendix 1

The Jesness Inventory is composed of 155 statements, to which the client has to indicate True, if they agree with the statement, or False if they disagree. The statements cover a wide range of topics, including attitudes towards authority, self, family and society. The statements are generally straightforward and easily understood by children as young as 8 years of age. The test provides scores on 11 personality dimensions. The following is a list of the 11 scales, a brief description of each scale (as outlined by Jesness, 1996, pages 5-6) and some sample items from each scale. [4]

Social Maladjusment scale: defined as the extent to which individuals share the attitudes of persons who do not meet the demands of living in socially approved ways.

- I get into a lot of fights.
- Parents are always nagging and picking on young people.

Value Orientation scale: refers to the tendency to share attitudes and perceptions of self and others that are usual for a person of a younger age than the subject.

- Most people will cheat a little in order to make some money.
- If someone in your family gets in trouble, it is better to stick together than to tell the police.

Immaturity Scale: reflects the tendency to display attitudes and perceptions of self and others that are usual for a person of a younger age than the subject.

- My feelings get hurt easily when I am criticized.
- Teachers always have favourites who get away with everything.

Autism Scale: measures a tendency to distort reality, in thinking and perceiving, according to one's personal desires or needs.

- Sometimes I feel like I really don't have a home.
- It's hard to have fun unless you are with your friends.

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Alienation Scale: refers to the presence of distrust and estrangement in a person's attitudes towards others, especially toward those representing authority.

- I hardly ever get a fair break.
- When you're in trouble, nobody much cares to help you.

Manifest Aggression Scale: reflects and awareness of unpleasant feelings (especially anger and frustration), a tendency to react readily with these feelings, and discomfort concerning the presence and control of these feelings.

- A person never knows when he will get mad or have trouble.
- I seem to "blow up" a lot over little things that really don't matter very much.

Withdrawal-Depression Scale: indicates the extent of an individual's dissatisfaction with him- or her-self and others, and a tendency towards isolation.

- It would be interesting to work in a carnival.
- It makes me feel bad to be bawled out or criticized.

Social Anxiety Scale: refers to feelings of anxiety and to conscious emotional discomfort in interpersonal relations.

- I worry about what other people think of me.
- Others seem to do things easier than I can.

Repression Scale: reflects the exclusion from conscious awareness of feelings that the individual normally would be expected to experiences, or a failure to label these emotions.

- Sometimes when my family tells me not to do something, I go ahead and do it anyway.
- When something bad happens, I almost always blame myself instead of the other person.

Denial Scale: indicates a reluctance to acknowledge unpleasant events or conditions encountered in daily living.

- My father was too busy to worry much about me, or to spend much time with me.
- Every day is full of things to keep me interested.